

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
INCIDENT REPORT

Case #:
 16-059173

Incident Type: 16-5-70 (3802) Cruelty to children							Counts 1	Incident Code 3802	Offense Jurisdiction COUNTY	Invest Jurisdiction																																																																											
EVENT																																																																																					
Premise Type: COMMERCIAL		Weapon Type:		Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 220																																																																														
Date Report: Incident Start: Incident End: Incident Location: 6/19/2016 6:38:04 PM 6/15/2016 8:00:00 AM 6/16/2016 8:00:00 PM 934 BRIARCLIFF RD ATLANTA GA 30306-																																																																																					
Name (Last, First Middle): [REDACTED]		Gender:	DOB:	Age:	Sex:	Race:	Ethnicity:																																																																														
		[REDACTED]	2005	11	M	W	H																																																																														
Address: Home #: Work #: Cell #: Email: ATLANTA GA 30306-																																																																																					
SSN: Resident Status: HGT WGT Hair Color: Hair Style: Hair Length: Eye Color: OLN #: Ssn: [REDACTED] BROWN STRAIGHT SHORT BROWN																																																																																					
Occupation: Employer Address: Employer Phone:																																																																																					
Victim Type: Student: Yes No If Yes, Name of Victim's School: LEOKA Activity Type: LEOKA Assignment Type:																																																																																					
PERSON/INDIVIDUAL (NOT STUDENT) Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input checked="" type="checkbox"/> Other Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																																																																																					
SMTS:																																																																																					
Relationship To Offenders: (1) OTHERWISE KNOW (2) (3) (4) (5) (6) (7) (8) (9) (10)																																																																																					
Offenses Involved: (1) 3802 (2) (3) (4) (5) (6) (7) (8) (9) (10)																																																																																					
Name: [REDACTED] Moniker: DOB: Age: Sex: Race: Ethnicity: UNKNOWN 00 F B																																																																																					
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WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																																																																																					
TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>																																																																																					
PROPERTY																																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">VEHICLES</th> <th colspan="2">CURRENCY, NOTES, ETC.</th> <th colspan="2">JEWELRY, PREC. METALS</th> <th colspan="2">FURS</th> </tr> <tr> <td>STOLEN</td> <td>\$0.00</td> <td>STOLEN</td> <td>\$0.00</td> <td>STOLEN</td> <td>\$0.00</td> <td>STOLEN</td> <td>\$0.00</td> </tr> <tr> <td>RECOVERED</td> <td>\$0.00</td> <td>RECOVERED</td> <td>\$0.00</td> <td>RECOVERED</td> <td>\$0.00</td> <td>RECOVERED</td> <td>\$0.00</td> </tr> <tr> <th colspan="2">CLOTHING</th> <th colspan="2">OFFICE EQUIP.</th> <th colspan="2">TV, RADIO, ETC.</th> <th colspan="2">HOUSEHOLD GOODS</th> </tr> <tr> <td>STOLEN</td> <td>\$0.00</td> <td>STOLEN</td> <td>\$0.00</td> <td>STOLEN</td> <td>\$0.00</td> <td>STOLEN</td> <td>\$0.00</td> </tr> <tr> <td>RECOVERED</td> <td>\$0.00</td> <td>RECOVERED</td> <td>\$0.00</td> <td>RECOVERED</td> <td>\$0.00</td> <td>RECOVERED</td> <td>\$0.00</td> </tr> <tr> <th colspan="2">FIREARMS</th> <th colspan="2">CONSUMABLE GOODS</th> <th colspan="2">LIVESTOCK</th> <th colspan="2">OTHER</th> <th>TOTAL</th> </tr> <tr> <td>STOLEN</td> <td>\$0.00</td> <td>STOLEN</td> <td>\$0.00</td> <td>STOLEN</td> <td>\$0.00</td> <td>STOLEN</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>RECOVERED</td> <td>\$0.00</td> <td>RECOVERED</td> <td>\$0.00</td> <td>RECOVERED</td> <td>\$0.00</td> <td>RECOVERED</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </table>											VEHICLES		CURRENCY, NOTES, ETC.		JEWELRY, PREC. METALS		FURS		STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC.		HOUSEHOLD GOODS		STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL	STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	\$0.00
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GCC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES																																																																																					
DRUG																																																																																					
Did investigation indicate that this incident was drug-related? If <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturates <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin YES, please indicate the type of drug(s) used by offender <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> 10 - Unknown																																																																																					
CLEAR																																																																																					
REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE																																																																																					
REPORTING OFFICER: Brim j m NUMBER: 3295 APPROVING OFFICER NUMBER:																																																																																					

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
ADDITIONAL OFFENDERS

Case #:

16-059173

Name: UNKNOWN, [REDACTED]	Moniter	DOB	Age:	Sex:	Race:	Ethnicity							
Address:		Home Phone:	Work Phone:	Cell Phone:	Email:								
SSN:	Resident Status:	HGT	WGT	Haic Color	Haic Style:	Haic Length:	Eye Color:	OLN #	State:				
Occupation:		Employer:		Address:		Employer Phone:							
SMTs:													
Offenses Involved:													
(1) 16-5-70 (3802) Cruelty to children		3802		(2)									
(3)				(4)									
(5)				(6)									
(7)				(8)									
(9)				(10)									
WANTED:	<input type="checkbox"/>	WARRANT	<input type="checkbox"/>	ARREST	<input type="checkbox"/>	SUSPECT ARMED:	WEAPON:	Used:	<input type="checkbox"/> Drugs	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer		
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER													
<input type="checkbox"/> YES		<input type="checkbox"/> NO		<input type="checkbox"/> 1 - Amphetamine		<input type="checkbox"/> 2 - Barbiturate		<input type="checkbox"/> 3 - Cocaine		<input type="checkbox"/> 4 - Hallucinogen		<input type="checkbox"/> 5 - Heroin	
<input type="checkbox"/> 6 - Marijuana		<input type="checkbox"/> 7 - Methamphetamine		<input type="checkbox"/> 8 - Opium		<input type="checkbox"/> 9 - Synthetic Narcotic		<input type="checkbox"/> 10 - Unknown					
Name: UNKNOWN, [REDACTED]	Moniter	DOB	Age:	Sex:	Race:	Ethnicity	M						
Address:		Home Phone:	Work Phone:	Cell Phone:	Email:								
SSN:	Resident Status:	HGT	WGT	Haic Color	Haic Style:	Haic Length:	Eye Color:	OLN #	State:				
Occupation:		Employer:		Address:		Employer Phone:							
SMTs:													
Offenses Involved:													
(1) 16-5-70 (3802) Cruelty to children		3802		(2)									
(3)				(4)									
(5)				(6)									
(7)				(8)									
(9)				(10)									
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Name: UNKNOWN, [REDACTED]	Moniter	DOB	Age:	Sex:	Race:	Ethnicity	M						
Address:		Home Phone:	Work Phone:	Cell Phone:	Email:								
SSN:	Resident Status:	HGT	WGT	Haic Color	Haic Style:	Haic Length:	Eye Color:	OLN #	State:				
Occupation:		Employer:		Address:		Employer Phone:							
SMTs:													
Offenses Involved:													
(1)				(2)									
(3)				(4)									
(5)				(6)									
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<input type="checkbox"/> 6 - Marijuana		<input type="checkbox"/> 7 - Methamphetamine		<input type="checkbox"/> 8 - Opium		<input type="checkbox"/> 9 - Synthetic Narcotic		<input type="checkbox"/> 10 - Unknown					

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
OTHER PERSONS

Case #:

16-059173

Involvement Type: COMPLAINANT	Name (Last, First Middle): [REDACTED]	Moniter	SSN:						
Address [REDACTED]	Home # [REDACTED]	Cell # [REDACTED]	Work # [REDACTED]						
DOB: 1966	Age: 49	Sex: F	Race: W	Ethnicity: H	Resident Status:	Hair Color	Eye Color	HGT	WGT
SMT#:									
Email: [REDACTED]	OLN #: 7912096	State: AL		Used:	<input type="checkbox"/> Drugs	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer		
Occupation: Employer/School:	Address:	Employer Phone:							
Involvement Type: OTHER	Name (Last, First Middle): REDMON CAROLYN	Moniter	SSN						
Address 934 BRIARCLIFF RD ATLANTA GA 30306-	Home # [REDACTED]	Cell # [REDACTED]	Work # [REDACTED]						
DOB: [REDACTED]	Age: [REDACTED]	Sex: F	Race: B	Ethnicity: [REDACTED]	Resident Status: [REDACTED]	Hair Color	Eye Color	HGT	WGT
SMT#:									
Email: [REDACTED]	OLN #: [REDACTED]	State: [REDACTED]		Used:	<input type="checkbox"/> Drugs	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer		
Occupation: Employer/School: SELF EMPLOYED	Address: LAUREL HEIGHTS HOSPITAL	Employer Phone:							
Involvement Type:	Name (Last, First Middle):	Moniter	SSN						
Address	Home # [REDACTED]	Cell # [REDACTED]	Work # [REDACTED]						
DOB: [REDACTED]	Age: [REDACTED]	Sex: [REDACTED]	Race: [REDACTED]	Ethnicity: [REDACTED]	Resident Status: [REDACTED]	Hair Color	Eye Color	HGT	WGT
SMT#:									
Email: [REDACTED]	OLN #: [REDACTED]	State: [REDACTED]		Used:	<input type="checkbox"/> Drugs	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer		
Occupation: Employer/School:	Address:	Employer Phone:							
Involvement Type:	Name (Last, First Middle):	Moniter	SSN						
Address	Home # [REDACTED]	Cell # [REDACTED]	Work # [REDACTED]						
DOB: [REDACTED]	Age: [REDACTED]	Sex: [REDACTED]	Race: [REDACTED]	Ethnicity: [REDACTED]	Resident Status: [REDACTED]	Hair Color	Eye Color	HGT	WGT
SMT#:									
Email: [REDACTED]	OLN #: [REDACTED]	State: [REDACTED]		Used:	<input type="checkbox"/> Drugs	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer		
Occupation: Employer/School:	Address:	Employer Phone:							
Involvement Type:	Name (Last, First Middle):	Moniter	SSN						
Address	Home # [REDACTED]	Cell # [REDACTED]	Work # [REDACTED]						
DOB: [REDACTED]	Age: [REDACTED]	Sex: [REDACTED]	Race: [REDACTED]	Ethnicity: [REDACTED]	Resident Status: [REDACTED]	Hair Color	Eye Color	HGT	WGT
SMT#:									
Email: [REDACTED]	OLN #: [REDACTED]	State: [REDACTED]		Used:	<input type="checkbox"/> Drugs	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer		
Occupation: Employer/School:	Address:	Employer Phone:							

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
16-059173

16-059173

Officer ID/Name: **3295** Brim j m Date: **6/19/2016 6:52:06 PM** Approving Officer ID/Name:

Date:

Title: **INITIAL REPORT**

On 6/19/2016 at approximately 1538 hours, I responded to 934 Briarcliff Rd (Laurel Heights Hospital) in reference to a child abuse call. See additional narrative for further.

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
16-059173

Officer ID/Name: 3295 Date: 6/19/2016 6 54 27 PM Approving Officer ID/Name: Date:

Title: ADDITIONAL NARRATIVE

On 6/19/2016 at approximately 1538 hours, I responded to 934 Brarcliff Rd (Laurel Heights Hospital) in reference to a child abuse call. Upon my arrival, I spoke with Ms. [REDACTED] the complainant. [REDACTED] stated that her son, [REDACTED] was in the care of Alabama DHR and has been in the care of the staff of Laurel Heights Hospital since February 2016. [REDACTED] added that she has been coming to the location every other weekend to check to visit her son. Ms. [REDACTED] stated that on this date she came to see her son and observed a large bruise on his right and left lower rib cage. Ms. [REDACTED] additionally observed a scratch to her son's upper right rib cage near his armpit and a laceration on his left elbow. Ms. [REDACTED] added that [REDACTED] stated that the injuries were caused by staff at the location, as staff was pushing him "when he is bad." Ms. [REDACTED] attempted to ask [REDACTED] more about the incident but [REDACTED] stated "I can't tell you" or he wouldn't "be going home." Ms. [REDACTED] stated that she previously made a complaint about injuries [REDACTED] was suffering to the staff but said nothing was done with the situation. Ms. [REDACTED] added that [REDACTED] had not been eating very much lately and was continuing to suffer injuries and bruises. The complainant added that her son was being diagnosed for [REDACTED] and the [REDACTED]

I then spoke with [REDACTED] the victim [REDACTED] stated that on 6/15/2016 at approximately 0800 hours he was in the cafeteria hallway near the seating, attempting to get some food. [REDACTED] stated that [REDACTED] (a female attendant with dreadlock like hair) pushed him up against a wall. [REDACTED] stated that the push caused the bruise to his left lower rib cage. [REDACTED] additionally advised that on 6/16/2016 at an unknown time, he was in Unit 1 attempting to enter a friends room. While entering the room, [REDACTED] stated a second attendant, [REDACTED] pushed him against a wall causing the bruise on his right low rib cage. [REDACTED] additionally advised an abrasion on his right side and a laceration on his left elbow were a result of the incident.

[REDACTED] stated he was currently in the location due to his mental health and the fact that he was "grabbing knives." [REDACTED] stated the incidents occur because the attendants and nurses get upset because he refuses to do his hygiene duties. [REDACTED] added that during some of the incidents he begins yelling, cursing, and kicking. The victim advised that he understood the consequences of acting out and stated that the attendants will put him in a hold if he does act out in order to calm him down. [REDACTED] stated that he is "sometimes calm and sometimes not calm" during these encounters. [REDACTED] added that attendants [REDACTED] and [REDACTED] have told him not to report the incidents or he would be held at the location for a longer period of time. The victim indicated that the abuse has been going on since he began his treatment at the facility. [REDACTED] stated that he received further injuries in the past.

Ms. Carolyn Redmon, a head nurse at the location, was advised of the situation and documenting the injuries during my investigation. Ms. [REDACTED] was provided a case number, a Victim Contact Card, and advised how to obtain a copy of the report, as well as additional legal remedies. Sgt. Godwin #2345 was advised of the incident. I also spoke with SVU Det. Lopez #984, who was advised of the situation.